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Bib Data Sheet

CONFIRMATION NO. 6326

SERIAL NUMBER 09/932,639	FILING DATE 08/17/2001 RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. 2000IP000227
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APPLICANTS

Neal G. Skinner, Lewisville, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

UNITED STATES OF AMERICA PCT/US00/27279 10/03/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20558
KONNEKER & SMITH P. C.
660 NORTH CENTRAL EXPRESSWAY
SUITE 230
PLANO , TX -
75074

TITLE

Multiplexed distribution of optical power

FILING FEE RECEIVED 2036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ex. time) <input type="checkbox"/> 1.18 Fees (Issue)
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APPLICANTS
Neal G. Skinner, Lewisville, TX;
Now MRS

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**** FOREIGN APPLICATIONS *******
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ADDRESS
20558

TITLE
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FILING FEE RECEIVED 1448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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** CONTINUING DATA *****									
** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA PCT/US00/27279 10/03/2000									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/21/2001									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> Examiner's Signature Initials </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> STATE OR COUNTRY TX </td> <td style="width: 15%; padding: 5px; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width: 15%; padding: 5px; text-align: center;"> TOTAL CLAIMS 61 </td> <td style="width: 10%; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> Examiner's Signature Initials </div>	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 3
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